

2120

1. County of Maricopa  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or  
 City of Chandler  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 400  
 County Registrar No. 1338  
 Local Registrar No. 49

2. Full name of child \_\_\_\_\_

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth 8-29-23  
Month Day Yearmale

5. No., in order of birth

ye

8.

FATHER

Full name

Ralph Foster Steward

9. Residence

(Usual place of abode)

Chandler

If nonresident, give place and state

10. Color or race

white11. Age at last birthday 37 (Years)

12. Birthplace (city or place)

(State or country)

Missouri

13. Occupation

Nature of industry

Engineer  
Charge Stationary gas engine

14.

MOTHER

Full maiden name

Sady Lilly Hinson

15. Residence

(Usual place of abode)

Chandler

If nonresident, give place and state

16. Color or race

white17. Age at last birthday 29 (Years)

18. Birthplace (city or place)

(State or country)

North Carolina

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7(b) Born alive but now dead no(c) Stillborn no

21. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8:15 A.M. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

M. G. Jordan

(Physician or midwife)

Address

Chandler Arizona

Given name added from a supplemental report

Month, day, year.

Filed

9/3, 1923

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9-3-23, 1923

Local Registrar.

County Registrar.

Registrar.

024-829-285